



Permit No: (DMLR use only)	120 2211
Bond Applied To: (DMLR use only)	1009813-TYANNA
Bond No:	1144274

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINED LAND RECLAMATION
P. O. DRAWER 900; BIG STONE GAP, VA 24219
TELEPHONE: (276) 523-8100

MAR 22 2017

SURETY BOND

Customer Assistance Center

KNOW ALL MEN BY THESE PRESENTS, THAT THE UNDERSIGNED

REVELATION ENERGY, LLC
(hereafter **PRINCIPAL**),

whose principal place of business is P.O. Box 189, Lackey, KY 41643

and who does business as a [CHECK ONE ONLY]: _____ Corporation; _____ Limited Partnership;

X Limited Liability Company; _____ Partnership; or _____ Sole Proprietorship, acting herein as **PRINCIPAL**, and

Lexon Insurance Company
(hereafter **SURETY**),

whose principal business address is 10002 Shelbyville Road, Suite 100, Louisville, KY 40223
and who was organized and is existing under the laws of the State of Texas
and licensed to write and perform surety business in the Commonwealth of Virginia, are held and firmly bound unto the

**COMMONWEALTH OF VIRGINIA,
DIRECTOR, DIVISION OF MINED LAND RECLAMATION**
(hereafter **OBLIGEE**),

in the sum of Five Hundred Twenty-Two Thousand Four Hundred and 00/100
(\$ 522,400.00) Dollars for the payment of which sum the **PRINCIPAL** and **SURETY** bind themselves, their heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION is such that:**WHEREAS**, the **PRINCIPAL** proposes to commence coal surface mining to be known as

Phillips Rider Deep Mine
in Wise County(ies) of Virginia; and,

Department of Mines
Minerals and Energy

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Customer Assistance Center

Permit No: (DMLR use only)	1202211
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WHEREAS, the above-named **PRINCIPAL** has submitted [CHECK ONE ONLY]:

X Permit Application Number or, _____ Permit Number 1009813 including a mining and reclamation plan, to conduct and reclaim a surface coal mining operation, as defined pursuant to the **VIRGINIA COAL SURFACE MINING CONTROL AND RECLAMATION ACT** (hereafter **ACT**), as amended, with its attendant regulations; and,

WHEREAS, the **PRINCIPAL** has chosen to file this performance bond as a guarantee that the reclamation of the land disturbed during this surface mining operation will be completed as required by the **ACT**, its attendant regulations, and as specified in the permit as issued; and,

WHEREAS, the **SURETY**, and their successors and assigns agree to guarantee the obligation and to indemnify, defend, and hold harmless **OBLIGEE** from any and all losses and expenses which **OBLIGEE** may sustain as a result of the **PRINCIPAL'S** failure to comply with the condition of the obligation;

WHEREAS, obligations guaranteed by this performance bond shall be in effect for the following described lands approved as the permit area or increment upon which initial or succeeding operations will be conducted:
Phillips Rider Deep Mine

NOW, if the **PRINCIPAL** faithfully completes all reclamation and abatement requirements set forth in the **ACT** and its Permit issued in reliance on this Surety Bond, including the mining and reclamation plan, then this obligation shall be void; otherwise, it shall remain in full force and effect beginning on the date of the approval and issuance of [CHECK ONE ONLY]:

X Permit Application Number or, _____ Permit Number 1009813 pursuant to the **ACT** and continue until:

(a) the permit has been completed to the satisfaction of the **OBLIGEE**, or

(b) the bond is released pursuant to the **ACT**, or

(c) in the event neither (a) or (b) above applies, for a minimum period of five (5) years for a general permit or two (2) years for an approved plan for remining. This shall be the minimum period of extended responsibility unless the bond is replaced in accordance with the **ACT**, or unless the permit has been sold, reassigned, or otherwise transferred in accordance with the **ACT**. It shall be further understood that if the **PRINCIPAL** performs any augmented seeding, fertilization, or other supplemental reclamation work on the site prior to bond release, the period of liability under this bond shall begin again subject to the exception found in the **ACT**

The failure of the **PRINCIPAL** to fulfill the obligations specified by the **ACT** and its permit shall result in a forfeiture of this performance bond according to the procedures described in the **ACT**.

The **SURETY** shall not cancel this bond at any time for any reason, including non-payment of premium or bankruptcy of the **PRINCIPAL** during the period of liability. The amount of the **SURETY'S** liability may be adjusted by the **OBLIGEE** pursuant to the **ACT** for lands covered by this bond.

The **SURETY** shall give prompt notice to the **PRINCIPAL** and to the **OBLIGEE** of any notice received or action filed alleging the insolvency or bankruptcy of the **SURETY** or of the **PRINCIPAL**, or alleging any violations or regulatory requirements which could result in suspension or revocation of the **SURETY'S** license to do business.

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In the event the **SURETY** becomes unable to fulfill its obligations under the bond for any reason, notice shall be given immediately to the **PRINCIPAL** and to the **OBLIGEE**. Any proceeding, legal or equitable, under this bond must be instituted in a Virginia court of competent jurisdiction and shall be governed by the laws of the Commonwealth of Virginia.

Upon the incapacity of the **SURETY** by reason of bankruptcy, insolvency, or suspension or revocation of its license, the **PRINCIPAL** shall be deemed to be without bond coverage in violation of the **ACT** and subject to enforcement actions described in the **ACT**.

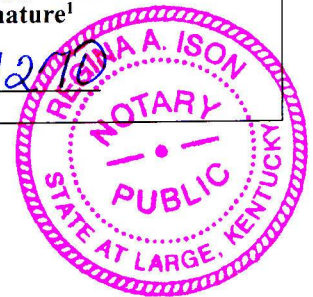
I. BY COMPANY/PRINCIPAL:

Revelation Energy, LLC Company /Principal	(SEAL) By: <u><i>[Signature]</i></u> Company/Principal Official
<u><i>Sr. Vice President / Authorized Agent</i></u> Title	<u><i>03/01/2017</i></u> Date
Subscribed and sworn/affirmed to before me by <u>Todd Tackett</u>	
this <u><i>1</i></u> day of <u><i>March</i></u> 20 <u><i>17</i></u> , in the State of <u>Kentucky</u>	
in the City/County of <u><i>Knott</i></u>	
<u><i>Regina Ison</i></u> Notary Public Name (printed or typed)	<u><i>[Signature]</i></u> (Seal) Notary Public Signature ¹
My Commission expires <u><i>03/30/2018</i></u>	Registration No. <u><i>507270</i></u>

Department of Mines
Minerals and Energy

MAR 22 2017

Customer Assistance Center



¹ Pursuant to §47.1-15(3) of the Code of Virginia, as amended, the notarial certificate wording must be contained on the same page as the signature being notarized.

Permit No: (DMLR use only)	120 2211
Bond No:	1144274

II. BY SURETY: Attach copy bearing seal of Power of Attorney or documentation supporting Corporate Officer's authority to issue surety bond.

Lexon Insurance Company (SEAL) By: Brook T. Smith
 Surety Name Attorney-in-Fact
 February 16, 2017 Brook T. Smith
 Date Attorney-in-Fact Name (printed or typed)

**AFFIDAVIT AND ACKNOWLEDGEMENT OF ATTORNEY-IN-FACT
 COMMONWEALTH OF VIRGINIA**

(or, alternatively, Commonwealth or State of Kentucky
 CITY/COUNTY OF Louisville/Jefferson, to wit:

I, the undersigned notary public, do certify that Brook T. Smith
 personally appeared before me in the jurisdiction aforesaid and made oath that he/she is the
 attorney-in-fact of Lexon Insurance Company

the Surety, that he/she is duly authorized to execute on its behalf the foregoing Bond pursuant to the attached Power of Attorney, and on behalf of said Surety acknowledged the aforesaid Bond(s) as its act and deed.

Given under my hand this 16th day of February, 20 17

Sandra L. Fusinetti
 Notary Public Name (printed or typed)

Sandra L. Fusinetti (SEAL)
 Notary Public Signature

My Commission expires: February 13, 2020 Registration No. 549253

Department of Mines
 Minerals and Energy

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Customer Assistance Center

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III. BY ISSUING AGENT:	<ol style="list-style-type: none"> 1. Attach copy of Agency License and Appointment Card from the Virginia Bureau of Insurance. 2. Attach copy of Agent's License and Appointment Card from the Virginia Bureau of Insurance.
Insurance Agency Issuing Surety Bond (provide the following information):	
Agency name:	Acrisure, LLC dba Smith Manus
Agency address:	2307 River Road, Suite 200, Louisville, KY 40206
Authorized agent:	Brook T. Smith
Authorized agent address:	2307 River Road, Suite 200, Louisville, KY 40206
Office telephone number:	502-636-9191

IV. DIVISION APPROVAL:	
ACCEPTED: <u>Phillip C. Mullis</u> Division of Mined Land Reclamation	Date: <u>3-22-17</u>

Department of Mines
Minerals and Energy

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Customer Assistance Center

POWER OF ATTORNEY

LX- 293526

Lexon Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that **LEXON INSURANCE COMPANY**, a Texas Corporation, with its principal office in Louisville, Kentucky, does hereby constitute and appoint: Brook T. Smith, Raymond M. Hundley, Jason D. Cromwell, James H. Martin, Barbara Duncan, Sandra L. Fusinetti, Mark A. Guidry, Jill Kemp, Lynnette Long, Amy Meredith, Deborah Neichter, Theresa Pickerrell, Sheryon Quinn, Bonnie J. Rowe, Beth Frymire, Michael Dix, Leigh McCarthy, Rebecca M. Reid its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **LEXON INSURANCE COMPANY** on the 1st day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$5,000,000.00, Five Million dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Assistant Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **LEXON INSURANCE COMPANY** has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 5th day of August, 2015.



Department of Mines
Minerals and Energy

MAR 22 2017

Customer Assistance Center

LEXON INSURANCE COMPANY

BY

David E. Campbell
David E. Campbell
President

ACKNOWLEDGEMENT

On this 5th day of August, 2015, before me, personally came David E. Campbell to me known, who be duly sworn, did depose and say that he is the President of **LEXON INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.



AMY TAYLOR
Notary Public- State of Tennessee
Davidson County
Mv Commission Expires 07-08-19

BY

Amy Taylor
Amy Taylor
Notary Public

CERTIFICATE

I, the undersigned, Assistant Secretary of **LEXON INSURANCE COMPANY**, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the forgoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Seal at Mount Juliet, Tennessee this 16th Day of February, 20 17.



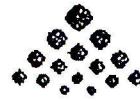
BY

Andrew Smith
Andrew Smith
Assistant Secretary

"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

Department of Mines
Minerals and Energy

MAR 22 2017



ACRISURE

8/1/2014 Customer Assistance Center

RE: Consolidation of SMA Surety, Inc. (Smith Manus) to Acrisure, LLC ("Acrisure")

Greetings,

Over the last couple of years, Acrisure has acquired majority ownership in a number of agencies across the country. It is a unique model, in that operational control and branding remain with the respective agencies after the acquisition occurs. We are proud to announce that on August 1, 2014 Acrisure acquired SMA Surety, Inc.

What this change means for you:

What's changing: SMA Surety, Inc. will now use Acrisure, LLC's tax identification number and license(s). All contracts should be in the name of Acrisure. If a contract is already in place for Acrisure, Smith Manus's code should be re-assigned under Acrisure's master code.

What's not changing: SMA Surety, Inc. (Smith Manus) operations will essentially remain the same and will continue to do business under the existing name. All policies, bonds, forms, POAs, seals, reports and correspondence should remain in the Smith Manus name.

Prior to August 1, 2014		After August 1, 2014
SMA Surety, Inc.	Legal Name	Acrisure, LLC
<ul style="list-style-type: none"> • Smith Manus • Smith-Manus • Smith Manus Surety Bonds • SMA Surety 	Operating Name	<ul style="list-style-type: none"> • Smith Manus • Smith-Manus • Smith Manus Surety Bonds • SMA Surety
61-1372649	FEIN	26-3554645
2307 River Rd Suite 200 Louisville, KY 40206	Address	2307 River Rd Suite 200 Louisville, KY 40206

Thank you for your cooperation in this matter. If you have further questions, or need to have additional paperwork, please contact Trish Partin at 800-748-0351, extension 418 or email at tpartin@acrisure.com.

We are very excited and optimistic about the opportunities that lie ahead, and look forward to growing with our insurance and surety partners.

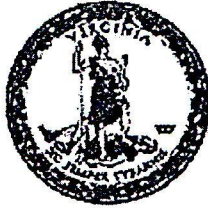
Regards,

Brook T. Smith
President
SMA Surety, Inc.

Andrew Schutt
VP of Sales
Acrisure, LLC

Compliance Express™

Page 1 of 2



COMMONWEALTH OF
VIRGINIA
BUREAU OF INSURANCE

JACQUELINE K. CUNNINGHAM
COMMISSIONER OF INSURANCE
STATE CORPORATION
COMMISSION
BUREAU OF INSURANCE
P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9631
TDD/VOICE: (804) 371-9206
www.scc.virginia.gov/boi

Licensees shall report to the Bureau within 30 days any change in residence at www.scc.virginia.gov/boi/online.aspx

A producer licensee is entitled to be appointed as an agent to transact the business of insurance on behalf of Virginia licensed insurers pursuant to Title 38.2 of the Code of Virginia.

This license is perpetual and is in effect from its issue date unless surrendered, terminated, suspended, revoked or an expiration date is noted.

Nonresidents only: This license is limited to the authority granted by the licensee's home state.

Producer

Health , Life & Annuities , Property & Casualty

ACRISURE LLC

PO BOX 1788

GRAND RAPIDS , MI 49501-1788


is authorized to transact business as described above

License No: 126043

Issue Date: 04-07-2009

Expiration Date:

Generated by Sircon 91663653

<p>COMMONWEALTH OF VIRGINIA BUREAU OF INSURANCE THIS IS TO CERTIFY THAT</p> <p>ACRISURE LLC PO BOX 1788 , GRAND RAPIDS , MI 49501-1788</p> <p>LICENSE NUMBER: 126043</p>	<p></p> <p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>Producer Health , Life & Annuities , Property & Casualty</p> <p>Issue Date: 04-07-2009 Generated by Sircon 91663653 Expiration Date:</p>
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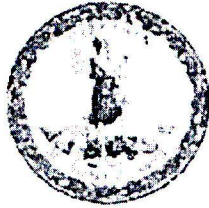
Department of Mines
Minerals and Energy

45822 757

Customer Assistance Center

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COMMONWEALTH OF
VIRGINIA
BUREAU OF INSURANCE

JACQUELINE K. CUNNINGHAM
COMMISSIONER OF INSURANCE
STATE CORPORATION
COMMISSION
BUREAU OF INSURANCE
P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9631
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Nonresidents only: This license is limited to the authority granted by the licensee's home state

Producer

Property & Casualty

BROOK THOMAS SMITH

19 POPLAR HILL RD
LOUISVILLE, KY 40207

is authorized to transact business as described above

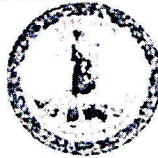
License No: 640506

Issue Date: 08-06-1997

Expiration Date:

Generated by Sircon 96073635

COMMONWEALTH OF VIRGINIA
BUREAU OF INSURANCE
THIS IS TO CERTIFY THAT



BROOK THOMAS SMITH
19 POPLAR HILL RD, LOUISVILLE, KY 40207

LICENSE NUMBER: 640506

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS
IN ACCORDANCE TO THE LICENSE DESCRIPTION
SHOWN BELOW:

Producer

Property & Casualty

Issue Date: 08-06-1997

Generated by Sircon
96073635

Expiration Date:

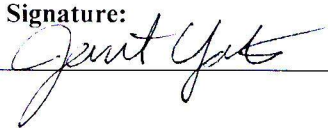
Department of Mines
Minerals and Energy

1-877-687-6877

Customer Assistance Center

SURETY BOND APPROVAL CHECKLIST

DMME/DMLR Office Files

APPLICANT	Revelation Energy, LLC.	Permit Number: 1202211	Application Number: 1009813
REVIEW DATE:	3/21/17	Bond Number: 1144274	
REVIEWER:	Janet Yates	Reviewer's Signature: 	
SURETY:	Lexon Insurance Company		
AGENT:	Brook Thomas Smith	Agency: Acrisure, LLC	

The following requirements have been met as indicated:

	1. Page No. 1
Yes	The company/principal name matches the permit application and are consistent throughout the document.
Yes	The address is correct/consistent with the permit application.
Yes	The legal structure checked (LLC, Corp., etc) is correct and consistent with the permit application.
Yes	The bond number is consistent on each page of the surety bond form.
Yes	The correct surety bond form has been submitted (DMLR-PT-013 REV 08/07)
Yes	The surety company listed is consistent throughout the document. (See additional surety company verifications below).
	2. The Surety Company
	<i>The Company is licensed to transact fidelity and surety business in the Commonwealth of Virginia. (SCC's Bureau of Insurance 804-371-9186—Henry Harris) (attached)</i> http://www.scc.virginia.gov/boi/cons/co_info.aspx .
Yes	Lexon Ins Co 161,709,369 109,195,915 52,513,454 61,989,686 56,445,195 8,447,852 5,519,888 -1,145,890
Yes	Surety name is identical to name appearing in the SCC's Fidelity & Surety Report.
Yes	The Surety has a minimum of \$4 million in net worth (surplus).
	Company is listed on the US Dept of Treasury Circular 570. https://www.fiscal.treasury.gov/fsreports/ref/suretyBnd/c570_a-z.htm Lexon Insurance Company (NAIC #13307) BUSINESS ADDRESS: 10002 Shelbyville Rd, Suite 100, Louisville, KY 40223. PHONE: 615-553-9500. UNDERWRITING LIMITATION b/: \$5,251,000. SURETY LICENSES c/f/: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MP, MT, NE, NV, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, VI, WA, WV, WI, WY.
Yes	INCORPORATED IN: Texas.

DMME/DMLR Office Files

Date Checked: 3/20/17

	3. Face amount of bond
Yes	Wording/Amount is correct and consistent. No strikeouts, white out, etc
Yes	Does not exceed 10% of the Surety Company's net worth (surplus) to policyholders.
N/A	Does exceed 10% of company's net worth (surplus) to policyholders, but is covered by another form of surety.
	4. Name and Location
Yes	The mine name is consistent with the permit application.
Yes	The correct county (ies) is listed.

	5. Page No. 2
Yes	The correct type of number (Permit Application Number or Permit Number) is checked. (Paragraphs 1 & 5)
Yes	The correct number is listed in the space provided (Permit Application Number or Permit Number). (Paragraphs 1 & 5)
Yes	The area where the bond will be in effect is described in the space provided (permit area, increment #, etc.) (Paragraph 4)

	6. Page No. 3
Yes	The Company/Principal matches the information provided on page 1 of the form and the permit application.
Yes	The Company/Principal official listed has the authority to sign the document.
Yes	The title of the Company/Principal official is listed.
Yes	The notarization information is correct. The correct person is listed as signing the document, the dates are consistent and the notary's commission has not expired. <i>Notary seal has been applied if signed outside Virginia.</i>

	7. Page No. 4
Yes	The Surety Name matches the information provided on page 1 of the form and is consistent throughout the form. The Surety seal has been applied.
Yes	The Attorney-in-Fact has the authority to sign the document. (See additional requirements on Page 5)
Yes	The embossed notary seal is in place if the document was notarized outside Virginia.
Yes	The notarization information is correct. The correct person is listed as signing the document, the dates and surety name is consistent. The correct state/county is listed and the notary's commission has not expired.

DRAFT/CivilR Office Files

	8. Power of Attorney (POA)
Yes	Person signing bond is shown on POA as agent/attorney-in-fact with authority to commit the surety company.
No	Does not contain any limitation on the amount of bond that can be written (Note any limitations on amount). 5,000,000.00
Yes	The POA has not been revoked.
Yes	The date on the POA is consistent with the date the Attorney-in-Fact signed the bond on page 4.
Yes	The correct surety seal is applied to the original POA.- should be on original
	Date Checked: 3/20/17

9. Page No. 5

DMME/DMLR Case Files

The Insurance Agency is registered with the SCC to transact business in Virginia.
https://cisiweb.scc.virginia.gov/z_container.aspx

LLCM3220 LLC DATA INQUIRY 03/20/17 10:08:41
 LLC ID: T040306 - 5 STATUS: 00 ACTIVE STATUS DATE: 04/17/09
 LLC NAME: Acrisure, LLC

DATE OF FILING: 04/17/2009 PERIOD OF DURATION: 99/99/9999 INDUSTRY CODE: 35
 STATE OF FILING: MI MICHIGAN MERGER INDICATOR:
 CONVERSION/DOMESTICATION INDICATOR:
 P R I N C I P A L O F F I C E A D D R E S S
 STREET: 5664 PRAIRIE CREEK DR

CITY: CALEDONIA STATE: MI ZIP: 49316-0000

R E G I S T E R E D A G E N T I N F O R M A T I O N
 R/A NAME: CORPORATION SERVICE COMPANY

STREET: BANK OF AMERICA CENTER, 16TH FLOOR
 1111 EAST MAIN STREET

RTN MAIL:

CITY: RICHMOND STATE: VA ZIP: 23219-0000

R/A STATUS: 5 ENTITY AUTHORIZ EFF DATE: 07/02/13 LOC: 216 RICHMOND CITY

YEAR	FEES	PENALTY	INTEREST	BALANCE
17	50.00			50.00

CISM0180

CIS has changed to enhance its navigation
 CORPORATE DATA INQUIRY

15:16:17

CORP ID: F142442 - 5 STATUS: 00 ACTIVE STATUS DATE: 05/15/00
 CORP NAME: Lexon Insurance Company

DATE OF CERTIFICATE: 05/15/2000 PERIOD OF DURATION: INDUSTRY CODE: 30
 STATE OF INCORPORATION: TX TEXAS STOCK INDICATOR: S STOCK
 MERGER IND: CONVERSION/DOMESTICATION IND:

GOOD STANDING IND: Y MONITOR INDICATOR:

CHARTER FEE: MON NO: MON STATUS: MONITOR DTE:

R/A NAME: CORPORATION SERVICE COMPANY

STREET: BANK OF AMERICA CENTER
 16TH FLOOR, 1111 EAST MAIN STREET

AR RTN MAIL:

CITY: RICHMOND STATE: VA ZIP: 23219-0000

R/A STATUS: 5 B.E. AUTH IN VI EFF. DATE: 01/16/12 LOC: 216

ACCEPTED AR#: 215 52 2814 DATE: 06/12/15 RICHMOND CITY

CURRENT AR#: 215 52 2814 DATE: 06/12/15 STATUS: A ASSESSMENT INDICATOR: 0

YEAR	FEES	PENALTY	INTEREST	TAXES	BALANCE	TOTAL SHARES
15	1,700.00					4,000,000

Yes

Attachment 0103 Files

Yes	The Agency is licensed through the Virginia Bureau of Insurance and a copy of the license is attached. Verified using NAIC number on SCC interactive database at 804-371-9631. http://scc.virginia.gov/boi/exitsircon.aspx
Yes	A copy of the Agency Appointment Card from the Virginia Bureau of Insurance is Attached. Verified using NAIC number on SCC interactive database at 804-371-9631. http://scc.virginia.gov/boi/ConsumerInquiry/Search.aspx?searchType=agency (Property and Casualty)
Yes	A copy of the Agent's Appointment Card from the Virginia Bureau of Insurance is Attached. Verified using NAIC number on SCC interactive database at 804-371-9631. http://scc.virginia.gov/boi/ConsumerInquiry/Search.aspx?searchType=agency (Property and Casualty)
Yes	The Agency telephone number is listed. 502-636-9191

	10. Division Approval
YES	The designated DMLR official completed the bond approval information.
	COMMENTS:

Agency License Information

Name ACRISURE LLC
 Producer Status Active
 Address PO BOX 1788
 City GRAND RAPIDS
 State MI
 Zip 49501-1788
 Phone (800) 748-0351
 Toll
 Email dtauro@acrisure.com
 Website
 State of Residency Michigan
 Virginia License Number 126043

Alias(s)

Name	Alias Type
CLG INSURANCE	Doing Business As

DMME/DMLR Office Files

SMITH MANUS	Doing Business As
SMITH MANUS SURETY BONDS	Doing Business As
SMITH-MANUS	Doing Business As
THE CAMPBELL GROUP	Also Known As

License(s) Detail

License	License Status	Effective Date	Expiration Date*
---------	----------------	----------------	------------------

Producer Active 4/7/2009

Qualification	Status	Effective Date
Health	Active	4/7/2009
Life & Annuities	Active	4/7/2009
Property & Casualty	Active	4/7/2009

Surplus Lines Broker Active 1/31/2014 6/30/2016

Qualification	Status	Effective Date
Surplus Lines	Active	1/31/2014

Property & Casualty	9/9/2014	LEXON INSURANCE COMPANY	13307
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Agent License Information

Name BROOK THOMAS SMITH
City LOUISVILLE
State KY
Zip 40207
State of Residency Kentucky
Producer Status Active
Virginia License Number 640506
NPN (National Producer Number) 546897

License(s) Detail

License	License Status	Effective Date	Expiration Date*
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Producer Active 8/6/1997

Qualification	Status	Effective Date
Property & Casualty	Active	8/6/1997

Property & Casualty	7/9/2003	LEXON INSURANCE COMPANY	13307
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